FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400064069 (5)

NU-CENTURY REALTY, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 7582 N.W. 66 TERR 7582 N.W. 66 TERR NAVARRE FL 33321 NAVARRE FL 33321-2569					
			 Date Incorporated or Qualified 08/30/1994 	3a. Date of Last F 04/08/1996	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	 	optied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0535400	60 7E	lot Applicable Additional
22	27		6. Certificate of Status Desired	, , , ,	Required
City & State	City & State		6. Election Campaign Financing		May Be
23 MAMARAC, FL 3332	1 28 TAMBLAC, F	L 33341	Trust Fund Contribution		to Fees
7 Country 25	21P 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under : Yes	s. 199.032
	of Current Registered Agent	30	10. Name and Address of New Re		
SCHOENFIELD, LEE		81 Name			
7582 N.W. 86 TERR		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·
NAVARRE FL 33321					
		83			
		84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections	s 607 0502 and 607 1508. Florida Statute	s the above-named co	progration submits this statement for the		its registered
office or registered agent, or both, in	the State of Florida. Such change was a the obligations of, Section 607,0505, Florida.	uthorized by the corpor	ration's board of directors. I hereby acce	pt the appointment a	s registered
	The obligations of, Section 601,0003, Flor	noa otatutos.			
SIGNATURE Signal on Type (for profess name of re		Registered Agent signature rec		DATE	
	CERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI		
NAME SCHOENFIELD, LEE	C Defet	1.1 TITLE		Change	LJ ADUILION
STREET ADDRESS 7582 N.W. 86 TERR		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIF NAVARRE FL 33321		1.4 CITY-ST-ZIP	TOMBROC, PL 335	?AI	
TILE	DELETE	2.1 TITLE	TO THE DEC	Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CHY-S1-ZIP		2.4 CITY-ST-ZIP			
Tiftet	DELETE	3 1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - \$3 - 7IP	T po ere	3.4. CITY-ST-ZIP		Change	Addition
TITLE	L_I DELETE	4.1 TITLE		Change	L] Applica
NAME OVER A MODES S		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADORESS			
- CUA - 21 - 215	DELETE	4.4 CITY-ST-ZIP 51 TITLE		☐ Change	Addition
NAME	المراجعة المساء	5.2 NAME		3.02	
STREET ASORESS		5.3 STREET ADDRESS			
CITY-ST-7IP		5.4 CITY-ST-ZIP			
THUE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
City-St-Zie		6.4 City-ST-ZIP			
	n complied with this filing does not gualif		ted in Section 119 07(3)(i) Florida Statut	es. I further certify the	at the

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that it am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

LE School of CILL STORE OF SIGNING OFFICER OR DIRECTOR

(954) 721-5910